

FEEDING ASSISTANT TRAINING PROGRAM APPLICATION

INSTRUCTIONS FOR COMPLETING FORM

The U.S. Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS) authorizes the State to review and determine eligibility for feeding assistant training programs under the requirements of the Medicare and Medicaid programs. This application form meets federal and state requirements for feeding assistant training program eligibility determination.

APPLICATION COMPLETION

No fee will be charged for submitting the Feeding Assistant Training Program Application form for review and program determination. All items on the application must be answered completely. Incomplete applications will be returned without being processed. **The submitted application and accompanying materials will not be returned.** Retain a copy of the application you submit to the Department. Mail the completed application to:

**Wisconsin Feeding Assistant Training Program
Office of Caregiver Quality
Bureau of Quality Assurance
2917 International Lane, Suite 300
Madison, WI 53704**

Direct questions regarding completing the application to the Bureau of Quality Assurance's Office of Caregiver Quality (OCQ) at (608) 243-2083. The Department will approve or deny the application in writing within 45 days of receiving the completed application.

REPORT OF CHANGE

Approved programs must report the following changes to the Department within ten days:

- Change of the Primary Instructor. The Primary Instructor is responsible for the overall operation of the training program. Submit the qualifications of the proposed Primary Instructor for Department review.
- Change in the feeding assistant training curriculum.
- Change in location of the training program classroom or clinical site. An onsite review may be completed at the discretion of the Department.

Programs must operate according to their specifications submitted with their Feeding Assistant Training Program Application. Failure to do so may result in suspension or revocation of Feeding Assistant Training Program approval.

APPLICATION INSTRUCTIONS

The instructions listed below are designed to clarify specific application items. Items that are self-explanatory have not been included.

I. GENERAL INFORMATION

- A. The **applicant** is the facility, agency, organization or individual that is responsible for the development and administration of the training program. The **program contact** is the individual within the organization who bears direct responsibility for the administrative and operational aspects of the program. In a facility-based program, this could be the administrator, director of nursing or the primary instructor. Do not use nicknames.
- B. **Authorized Person Information**
 1. Indicate the name and the address of the person authorized to accept personal service and where registered and certified mail can be received.
- C. **Program Information**
 1. This date reflects the date the program will first be offered.
 2. **Program Area of Service:** Indicate the program area of service. The Bureau of Quality Assurance maintains a list of approved feeding assistant training programs. This list is available on the Internet at **dhfs.wisconsin.gov**, click on "Topics A-Z", then click on "Feeding Assistant Training." To ensure accurate information is maintained on this list, notify the Department of any changes.

II. PROGRAM STANDARDS

- A. **Classroom Setting:** List the appropriate information for each classroom setting.
- B. **Clinical Practice Setting:** List the appropriate information for each clinical practice setting.
- C. **Record Retention:** The program must indicate provisions that must be made for retrieving records in the event of program termination, revocation or suspension. The program must indicate provisions for retaining the following records:
 1. All skill checklists, written tests, certificates and other relevant training records for a minimum of three years.
 2. Documentation of the training that was conducted and identification of the instructor who conducted the training.
 3. A record of all individuals who have successfully passed the training and testing program for paid feeding assistants.
 4. A copy of the feeding assistant training certificate.
 5. The training program must maintain security of the testing materials and certificates.
- D. **Bias-free program:**
 1. The training program (curriculum, presentation, quizzes and competency test) must avoid racial, cultural and gender bias. Enclose your policy concerning the provision of a bias-free program.
 2. Instructional programs are required to make accommodations for individuals with handicapping conditions. A "Handicapping Condition" is defined as a "physical or mental impairment, which makes ability to care for oneself unusually difficult or limits the capacity to work." This may be a physical condition that requires special accommodations for the trainee or may involve a mental impairment, such as a learning disability that prevents the trainee from learning through traditional methods of instruction.
- E. Submit a floor plan of the instructional setting which provides the following:
 - Location of classrooms
 - Dimensions of classrooms
 - Description of lighting systems
 - Description of heating systems
 - Description of ventilation systems

NOTE: These floor plans should coincide with the classroom(s) listed in Number 1 above, but do not need to be the "official" blueprints.

- F. The Department has approved three standardized curriculum models. Training programs must select one of the pre-approved curriculums to provide instructions on the federally mandated units. The training program must ensure supervision of the trainees' successful completion of the training and competency program. Describe the supervision students will receive during their classroom and clinical training.
- G. Programs must provide a method for students to evaluate the program and for accepting and reviewing complaints. Describe the programs process and attach a copy of the program's evaluation form.

III. PRIMARY INSTRUCTOR / PROGRAM TRAINER QUALIFICATIONS

- A. **Primary Instructor:** The Primary Instructor bears overall responsibility for the training program.
 - 1.- Indicate the name, title, social security number, education, work experience and licensure of the proposed
 - 4. primary instructor. Attach a photocopy of the proposed primary instructor's credentials. Providing the instructor's social security number is voluntary, however, the social security number is used to accurately verify the person's identity. Attach a document to verify the instructor's social security number (e.g., social security card, IRS return, check stub, etc.). Do not use nicknames.
 - 5. **Resume:** A resume must be submitted, in addition to the above information, documenting the primary instructor's education or clinical experience in meeting the client's psychosocial, behavioral, cognitive and physical needs (registered nurse, registered dietitian, licensed physical therapist, licensed speech therapist, occupational therapist, etc.). Other program trainers may provide supporting instruction and assistance.

IV. CURRICULUM

- A. **Standardized Curriculum:** The feeding assistant training program must provide at least 8 hours of classroom and clinical training for Units 1 - 8, and must provide an additional, specified number of hours for training the selected resident population techniques and behaviors and the Wisconsin Caregiver Program requirement. All units of training must be provided prior to offering a trainee the State standardized competency test. If the program chooses to increase the training requirements, the additional hours of instruction and proposed training materials must be submitted with the application. Programs must choose one of the listed standardized curriculums, which has been pre-approved by the Department to provide a **minimum of eight (8) hours of theory and practice instruction** for the following topics (1 - 8).
 - 1. Feeding techniques.
 - 2. Assistance with feeding and hydration.
 - 3. Communications and interpersonal skills.
 - 4. Appropriate responses to resident behavior.
 - 5. Safety and emergency procedures, including the Heimlich maneuver.
 - 6. Infection control.
 - 7. Resident rights.
 - 8. Recognizing changes in residents inconsistent with the norm and the importance of reporting changes to the nurse.

Training must be provided on units 9 and 10. The training hours must be in addition to the minimum eight hours required for the units listed above (1 - 8). Indicate the training hour(s) for each unit.

- 9. **Wisconsin Caregiver Program:** "The Wisconsin Caregiver Program: A Blueprint for Excellence" videotape will be used to provide standardized instruction regarding caregiver misconduct definitions (i.e., abuse or neglect of a client or misappropriation of a client's property, the need to promptly report any misconduct allegations to supervisor, substantiated findings, Rehabilitation Review). The tape is approximately 20 minutes and may be stopped to allow an interaction discussion.
- 10. **Selected Resident Population:** Each facility-based program must identify their selected resident population proposed to be served by trained feeding assistants. The training program's curriculum must include instruction specific to the selected resident population (e.g., specialized feeding and cueing techniques for selected residents, behavioral problems, confusion, wandering, etc.). Federal regulations do not allow feeding assistants to serve residents who have complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty in swallowing, recurrent lung aspirations, and tube or parenteral / IV feedings. Facility-based training programs must develop and attach proposed training materials that will be used to provide instruction regarding the needs of the selected resident population.

- B. **Training Program Developed Curriculum:** Training programs may choose to offer additional instruction beyond the minimum training covered under the pre-approved curriculum. Submit any training materials developed by the program to the Department for review and approval. Attach training documents, e.g., completed script, curriculum, instructor's manual and other supporting documents. DO NOT send copies of audio-visual teaching aids, e.g., videotapes, cassettes, copies of textbooks, etc. If textbooks are utilized, send a bibliography.

In this section of the application, outline the following information for each of the core areas:

- Unit of Instruction
- Behavioral objectives of unit
- Time required for instruction

See the following sample of a completed "Unit of Instruction" format:

NOTE:

- **All facility-based programs must complete Core Area 10, "Selected Resident Population."**
- **Application materials will not be returned to the applicant.**

- C. **Competency Evaluation:** At the conclusion of the training course, the program must administer a State standardized competency evaluation examination to the trainee. The program must indicate their provisions for the following:
1. Successful completion of the State approved standardized written quiz with a score of 75% or greater.
 2. Successfully perform a State approved standardized skill demonstration by feeding a resident in the clinical setting. Each skill must be initialed and dated by the instructor to verify satisfactory or unsatisfactory performance.
 3. If the candidate does not successfully complete the initial evaluation, the candidate will be allowed the opportunity to review the materials and retake the test on a subsequent date. Programs can establish the number of times a candidate may retake the test. However, the program must document the initial failure, opportunity for review and subsequent retake testing date.
 4. The instructor must issue a State approved certificate to all participants who successfully complete the program, indicating the name of the participant, the training program and the date of successful completion.
 5. Training programs must maintain security of the test materials and certificate template.

SAMPLE

Pre-approved Standardized Curriculum: Programs may choose from the following pre-approved training curriculum:

- ☐ "Assisted Dining: The Role and Skills of Feeding Assistants" by American Health Care Association.
- ☒ "Eating Matters - A Training Manual for Feeding Assistants" by American Dietetic Association.
- ☐ "Paid Feeding Assistant Training Program" by the Wisconsin Department of Health and Family Services.

Core Area 10: Selected Resident Population - Alzheimer's Disease

- a. Title of Unit of Instruction

Identifying Stages of Alzheimer's Disease

- b. Behavioral Objective of Unit

The feeding assistant must be able to name and identify aspects of the four stages of Alzheimer's disease.

- c. Time Required for Instruction

1. Classroom Time:	Hours 2 hours	Minutes 0 minutes
2. Clinical Time:	Hours	Minutes 30 minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours 2 hours	Minutes 30 minutes
-------------	------------------	-----------------------

FOR OFFICE USE ONLY

FEEDING ASSISTANT TRAINING PROGRAM APPLICATION

A feeding assistant training program must satisfy the federal and state requirements to qualify for approval by the Department. All entities must submit an application to the Department for review and approval determination. **NOTE:** All programs approved prior to 2004 to train employees to feed residents in nursing homes must submit an application form no later than June 30, 2004, to continue utilizing such employees.

Instructions: If you are not completing this form electronically, type or print clearly in black ink.

I. GENERAL INFORMATION

A. Applicant Information

1. Name (Last, First, Middle Initial or Agency Name)

Social Security Number or Federal Employer Identification Number

Current Address (Street / PO Box)

City

State

Zip Code

Telephone Number

FAX Number

E-Mail Address

2. Name - Program Contact (Last, First, Middle Initial)

Telephone Number

E-Mail Address

B. Authorized Person Information

Name (Last, First, Middle Initial)

Title

Current Address (Street / PO Box)

City

State

Zip Code

Telephone Number

FAX Number

E-Mail Address

C. Program Information

1. Date This Program Was First Offered (mm/dd/yyyy)

2. Program Type (Check appropriate box)

☐ Nursing Home ☐ ICF / MR ☐ Technical College ☐ Other (Indicate type):

The program will be available to:☐ Any individual☐ Only employees or students of the following nursing home(s) or ICFs / MR

Name

Name

Name

Name

II. PROGRAM STANDARDS

A. Complete for Each Classroom Setting of the Program

Name - Facility Providing Classroom

Current Address (Street / PO Box)

City

State

Zip Code

Telephone Number

FAX Number

E-Mail Address

B. Complete for Each Clinical Practice Setting of the Program

☐ Yes ☐ No Do you have more than one facility? If Yes, attach additional pages.

Current Address (Street / PO Box)

City

State

Zip Code

Telephone Number

FAX Number

E-Mail Address

Name - Contact Person (Last, First, Middle Initial)

Telephone Number

FAX Number

E-Mail Address

C. Record Retention Policy

Describe the program record retention policy, including the disposition of records in the event of termination of the program.
Attach additional pages if necessary.

D. Cultural Bias / Accommodating Handicapping Conditions

Submit a copy of the policies for avoiding cultural / sexual / racial bias and making responsible accommodations for students with handicapping conditions. See instructions.

E. Floor Plan

Submit a floor plan of the instructional setting. See instructions.

F. Supervision

Describe the supervision available to the trainee during the skills training component in the clinical practice setting. Attach additional sheets if necessary.

G. Program Evaluation

Describe the method that will be used for written evaluation of the program and for accepting and reviewing program complaints. Provide a copy of the program evaluation.

III. PRIMARY INSTRUCTOR QUALIFICATIONS

A. Primary Instructor

1. Name (Last, First, Middle Initial)	Social Security Number
---------------------------------------	------------------------

Title

2. Education

Name - School / College

Years Attended	Diploma or Degree	Year Received	
Street Address	City	State	Zip Code

3. Work Experience (Attach additional pages if necessary)

Name - Employer

Street Address	City	State	Zip Code
Position Held	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	

4. Credential (Attach additional pages if necessary)

Type of License / Credential (Attach copy of license or certificate)	State of Issuance
Date Issued (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

5. Resume: Submit a resume documenting the primary instructor's education, work history and clinical experience in meeting clients' psychosocial, behavioral, cognitive and physical needs. (Submit additional pages as necessary.)

B. Program Trainer

1. Name (Last, First, Middle Initial)	Social Security Number
---------------------------------------	------------------------

Title

2. Education

Name - School / College

Years Attended	Diploma or Degree	Year Received
----------------	-------------------	---------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

3. Work Experience (Attach additional pages if necessary)

Name - Employer

Street Address	City	State	Zip Code
----------------	------	-------	----------

Position Held	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
---------------	-------------------------	-----------------------

4. Credential (Attach additional pages if necessary)

Type of License / Credential (Attach copy of license or certificate)	State of Issuance
--	-------------------

Date Issued (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
--------------------------	------------------------------

Provide the requested information for all program trainers. Add any pertinent information, submitting additional pages if necessary.

C. Instructor to Trainee Ratio

Identify the ratio of instructors to trainees for the following:	Classroom	Clinical
--	-----------	----------

IV. CURRICULUM

A. Standardized Pre-Approved Curriculum

Programs may choose one of three (3) feeding assistant training program curriculums pre-approved by the Department. Indicate your choice by checking one of the boxes below. If the program is offering increased instruction, beyond the federal and state minimum training requirements, indicate the name of the curriculum in Units of Instruction 1 - 8 and the number of training hours. In addition, all facility-based programs must submit a complete copy of the curriculum for instruction provided to trainees for the facility's selected resident population to be served by trained feeding assistants. See instructions.

- ☐ "Assisted Dining: The Role and Skills of Feeding Assistants" by American Health Care Association
- ☐ "Eating Matters - A Training Manual for Feeding Assistants" by American Dietetic Association
- ☐ "Paid Feeding Assistant Training Program" by Wisconsin Association of Health and Aging Services

B. Training Program Developed Curriculum

Programs may choose to provide additional training beyond the minimum instruction covered under their selected standardized pre-approved curriculum. Training programs offering additional training must provide information regarding their proposed curriculum for each core area, completing the "Unit of Instruction" format. See instructions for a completed sample. Additional pages may be necessary depending on the number of units of instruction and number of behavioral objectives for each unit of instruction.

NOTE: All facility-based programs must complete their proposed curriculum for Core Area 10, "Selected Resident Population."

UNITS OF INSTRUCTION

CORE AREA 1 - FEEDING TECHNIQUES

The program must cover principles and requirements relating to feeding techniques.

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 2 - ASSISTANCE WITH FEEDING AND HYDRATION

The program must cover principles and requirements relating to feeding and hydration.

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 3 - COMMUNICATION AND SOCIAL INTERACTION

The program must include theory and practice in communicating and interacting on a one-to-one basis with clients.

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 4 - APPROPRIATE RESPONSES TO RESIDENT'S BEHAVIOR

The program must cover instruction about appropriate responses and techniques for meeting the basic needs of the residents selected to be served by the feeding assistant as follows:

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 5 - SAFETY AND EMERGENCY PROCEDURES

The program must cover instruction about proper safety and emergency procedures, including the Heimlich maneuver as follows:

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 6 - INFECTION CONTROL

The program must cover principles and requirements relating to infection control, including hand washing, universal precautions, proper disposal of body fluids, etc.

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 7 - RESIDENT RIGHTS

The program must cover principles and requirements relating to clients' rights.

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 8 - RECOGNIZING RESIDENT CHANGES

Recognizing changes in residents that are inconsistent with the norm and the importance of reporting changes to the nurse.

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 9 - WISCONSIN CAREGIVER PROGRAM

The training program must provide instruction about Wisconsin's Caregiver Program by presenting "The Wisconsin Caregiver Program: A Blueprint for Excellence" video tape.

a. Title of Unit of Instruction

DHFS Video Tape: "Wisconsin's Caregiver Program: A Blueprint for Excellence"

b. Behavioral Objective of Unit

The feeding assistant must be able to:

- Identify abuse, neglect, misappropriation and injuries of unknown source scenarios, based on definitions.
- Understand the importance of reporting all allegations of caregiver misconduct and injuries of unknown source.
- Identify the correct procedure and to whom caregiver misconduct allegations must be reported.
- Understand the impact of a substantiated finding on the Wisconsin Caregiver Misconduct Registry and the Rehabilitation Review.

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

CORE AREA 10 - SELECTED RESIDENT POPULATION

The program must provide instruction about the needs and behaviors of the selected resident population to be served by the feeding assistant (e.g., dementia, Alzheimer's disease, developmental disabilities, brain trauma, etc.) and specific techniques for meeting the behaviors of the selected clients.

a. Title of Unit of Instruction

b. Behavioral Objective of Unit

The feeding assistant must be able to:

c. Time Required for Instruction

1. Classroom time:	Hours	Minutes
2. Clinical time:	Hours	Minutes

Calculate the total classroom time and clinical time for these units of instruction.

TOTAL TIME:	Hours	Minutes
-------------	-------	---------

C. Competency Evaluation

Describe the program's policies and procedures in administering the State competency evaluation examination, procedures to ensure accurate test scoring and provisions to ensure the security for the examination and certificate templates.

State of Wisconsin)
)
County of _____)

NOTARIZATION

The Approved Program is responsible for notifying the Office of Caregiver Quality, in writing, of any changes in the information provided on this application.

I swear or affirm that all statements made in this application and any attachments thereto are correct to the best of my knowledge and that I will comply with all laws, rules and regulations governing the approval of feeding assistant instructional programs in Wisconsin.

PRINT OR TYPE NAME

Date Signed

Applicant(s) Signature in full - Owner(s), (Chief Executive Officer, Designated Member of Board of Directors or Resident Agency)

SEAL
(This application must be notarized.)

Subscribed and sworn to before me

this _____ day of _____, 20____

My commission expires _____, 20____

Notary Public, _____ County, Wisconsin